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36218 7590 12-13-2006

KLARQUIST SPARKMAN, LLP
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Sheree Lynn Rybak, Ph.D. (Depositor's name)
 (Signature)
 March 13, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/731,988 12/09/2003

Suresh K. Arya

4239-67517

9402

TITLE OF INVENTION: LENTIVIRUS VECTOR SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/13/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
HILL, MYRON G	1648	435-320100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.362).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Klarquist Sparkman,

2 LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

The Government of the United States of America
 as Represented by the Secretary of the Department
 of Health and Human Resources

Rockville, Maryland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies ten

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- ☒ ~~Advance Order~~ The fees are being paid concurrently via EFS.
☒ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge any additional fees or credit any overpayment, to Deposit Account Number 02-4550-XXXXXX

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date March 13, 2007

Typed or printed name Sheree Lynn Rybak, Ph.D.

Registration No. 47,913

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